

# Resettlement Education Case Managers' Roles Supporting Refugee Families With Children With Disabilities

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## Abstract

Refugees have been resettling in the United States for decades, but there has been little attention in the special education literature to this population. The existing literature notes numerous systemic barriers refugee families and professionals who work with them encounter but has not investigated the roles of professionals in refugee resettlement agencies in supporting families who have children with disabilities. In this study, we used semi-structured interviews to explore in resettlement education case managers (ECMs) the roles and experiences of assisting refugee families to access special education. Our findings revealed that ECMs provided intensive support to newly resettled families by educating them on the special education process, connecting them with supports, and sharing information about disability characteristics. Implications for research and practice are also provided.

## Keywords

refugee children with disabilities, community support

Since the 1980s, the United States has resettled over 3.4 million refugees (U.S. Department of State, Office of Admissions, 2020). The U.S. Department of Homeland Security, Office of Immigration Statistics (2019) defines a refugee as:

A person outside his or her country of nationality who is unable or unwilling to return to his or her country of nationality because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. (para. 1)

On average, a total of 117,000 refugees resettled annually in the United States. The largest refugee groups resettled in the United States in 2019 were from the Democratic Republic of Congo (41%), Burma (17%), and the Ukraine (15%; Refugee Processing Center, U.S. Department of State, 2020). A portion of the resettled population are children. From 2002 to 2013, there were about 212,000 children birth to age 18 resettled in the United States (Dryden-Peterson, 2015). Of the top three resettled groups in the United States in 2019, children under age 14 accounted for 28% of the total (Refugee Processing Center, U.S. Department of State, 2020).

Extreme political, social, and environmental situations are the main reasons forcing individuals to seek refugee status (United Nations High Commissioner for Refugees (UNHCR), 2019). Forced displacements caused by war,

hunger, and trauma have lasting effects on one's overall well-being and can result in the development of disabilities especially among those directly affected (e.g., Silove et al., 2017; Sudfeld et al., 2015).

Concomitantly, preexisting disabling conditions among refugees are exacerbated by their involuntary displacements as they face additional barriers to access support. Refugees with disabilities are at higher risk for exploitation and abuse (United Nations Department of Economic and Social Affairs, n.d.). It is estimated that approximately 20% of refugees in the world, across the age span, have a disability (Women's Refugee Commission, 2017). However, there are no published data that provide specific numbers particularly for young children who have disabilities *and* who are refugees and/or whose parents are refugees. Given the increased likelihood that refugee children and their families are exposed to multiple risk factors, it would not be surprising if disability rates among this population would be at least as high as the estimated report of 13% of U.S. residents (Kraus et al., 2018).

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There are tremendous challenges facing refugee families, their children with disabilities, and the service systems that support their resettlement in the United States. One benefit to refugees is the resettlement services that assist them in their adjustment and employment efforts (U.S. Department of State, Bureau of Population, Refugees, and Migration, 2019). Moreover, many resettlement agencies employ education case managers (ECMs) to assist with school enrollment for students from Kindergarten to 12th grade. In addition, researchers have recommended refugee and immigrant families may benefit from cultural liaisons who use their knowledge of systems to create connections with families and empower them through delivering information in a supportive, culturally responsive manner (Hurley et al., 2017; Lindsay et al., 2014). The extent to which education case managers and other support professionals effectively assist refugee families to advocate for their children, including those receiving services birth through their preschool years, is unclear.

While outcomes of parental involvement and advocacy in schools are known (Burke, Patton, & Lee, 2016; Fenton et al., 2017; Kalyanpur et al., 2000), refugee families of children with disabilities face barriers engaging with schools and learning about their rights (Hurley et al., 2014; Rah et al., 2009; Trainor, 2010). Many U.S.-born parents grapple with being involved in their children's education and often have limited understanding of special education (SPED) services (Burke, Patton, & Lee, 2016). Thus, it is not surprising that refugee families also have difficulty interacting with the system. Refugee families' difficulties are intensified by multiple systemic factors. Parents' familiarity with the U.S. education system and parents' previous educational experiences can limit their involvement (Cummings & Hardin, 2017; Hurley et al., 2014). Dissonance across cultural norms creates barriers for families as well (e.g., differences in parent involvement and perspectives of disability; Lalvani, 2012; Tadesse, 2014).

Moreover, researchers acknowledge the intersectional nature of being a newcomer to the United States, with linguistic and cultural differences, race, disability perspectives, and historically marginalizing systems combining to create unique situations for refugee families who have young children with disabilities (Cioé-Peña, 2020; Schulz & Mullings, 2006). With special education systems expecting families to be involved advocates for their child's programming, there is a need to acknowledge the systemic barriers they encounter while focusing on the individuals involved with refugee families who can support their efforts to obtain high-quality, inclusive special education services (Rawls, 1999).

Given these barriers, it is important to understand the roles of professionals who work directly with refugee families, such as resettlement ECMs, also known as youth coordinators, K–12 adjustment specialists, or education specialists. It is also pertinent to develop knowledge of

how they support families to empower their efforts to advocate for themselves and their children. To learn how ECMs are involved with refugee families of children with disabilities, we explored the roles of ECMs when refugee families raised concerns about their child's development or when their children had a preidentified medical condition or delay that would qualify them for SPED services in the United States. Specifically, we posed the following research questions to guide our study:

1. **Research Question 1:** How do education case managers support refugee families with school-age (K–12) and young children (birth to 5 years old) with disabilities?
2. **Research Question 2:** How do education case managers assist refugee families in understanding SPED services and advocacy? What strategies do they use to support families?

## Method

### Participants

Nine participants were recruited from resettlement agencies across the nation using purposive and convenience sampling to recruit professionals whose roles pertained to supporting refugee children's educations. Participants were recruited through colleagues, targeted outreach to resettlement agencies who offered youth programming, and flyers sent via email and Facebook. Each of the participants met our inclusion criteria for the study (i.e., worked as an ECM in the past 3 years; worked with at least five families who have children birth to 5 years old; and worked with at least one family with a child under 10 years old with a disability). ECMs were generally White ( $n = 7$ ; see Table 1), female ( $n = 8$ ), and had college degrees ( $n = 8$ ). Most participants were located in the Midwest ( $n = 3$ ) or Southeast ( $n = 4$ ) regions, with few representing the Southwest ( $n = 1$ ) or West ( $n = 1$ ). Overall, participants represented seven resettlement agencies with two groups of participants ( $n = 4$ ) representing an early childhood education case manager and a school-age education case manager from the same agency. In the past 3 years, ECMs most frequently reported working with families from Afghanistan, the Democratic Republic of Congo, and Iraq. The most common disabilities of children they worked with were physical disabilities and intellectual disabilities. Each participant received gift cards, totaling \$60, after the interview and their response to the member check.

### Procedures

**Demographic and Work History Questionnaire.** Participants completed a demographic and work history questionnaire using Google docs. The questionnaire contained 23

**Table 1.** Participant Demographics.

Participant name	Gender	Highest level of education	Born in the U.S.	Attended public school in U.S.	Years as an ECM	Comfort discussing SPED services (1–5 scale)	Comfort preparing parents to advocate (1–5 scale)	Average weekly hours supporting family	Average months supporting a family	Families with a child with a disability <sup>a</sup>	Child's disability identified before age 5 <sup>a</sup>
Lindsay	Female	MA	Yes	Yes	6–10	4	4	1–3	>10	11–20	1–5
Erin	Female	BA	Yes	Yes	6–10	3	3	<1	7–9	1–10	0
Janelle	Female	MA	Yes	Yes	6–10	3	3	1–3	4–6	1–10	1–5
Stephanie	Female	BA	Yes	Yes	6–10	5	5	<1	>10	1–10	1–5
Stacy	Female	BA	No	No	6–10	2	2	1–3	>10	1–10	1–5
Haley	Female	BA	Yes	Yes	1–5	3	2	1–3	>10	11–20	<10
Amanda	Female	MA	Yes	Yes	6–10	5	5	3–5	4–6	1–10	1–5
Adam	Male	SC	No	Yes	1–5	3	3	<1	>10	<20	1–5
Lauren	Female	BA	Yes	Yes	1–5	3	3	3–5	>10	11–20	1–5

Note. ECM = education case managers; SPED = special education; BA = bachelor's degree; MA = master's degree; SC = some college; EMC = education case manager.  
<sup>a</sup>Reflects the number of families the ECM encountered during their years working as an ECM.

questions: 10 multiple choice questions focused on demographic information, 11 questions on information about the families served by participants (e.g., caseload, nationalities, and the number of children with disabilities), and two items rating their comfort level in discussing SPED services with families and preparing parents to advocate for the needs of their child with a disability using a 5-point Likert-type rating.

**Semi-Structured Interview.** The interview questions consisted of seven open-ended questions focusing on the ECMs' perspectives of the types of supports and services refugee families received and their experiences when they accessed SPED services. We developed the interview protocol through an extensive review of the literature related to various supports and services for refugee families upon resettlement, refugee families' experiences when accessing SPED services, and expert informational interviews. After we developed the protocol, a content expert and an experienced resettlement case manager provided us with feedback. We made changes to wording, questions, and order of the questions based on their feedback.

Participants were given the choice of interviewing over the phone or through Skype after completing the questionnaire. Seven of the ECMs selected to be interviewed via phone while two elected to be interviewed on Skype. All interviews were recorded using an external recorder and a computer-based, back-up audio recorder. Prior to each interview, the interviewer (first author) explained the purpose of the study, responded to questions, obtained verbal consent, and reminded them that they would be audio recorded. All participants consented to the recording. Interviews averaged 64 min long (range: 49–90 min). An external service transcribed all of the interviews. The first author trained two graduate students, naive to the purpose of the study, to review the implementation of the interview questions. Interview implementation was 100% for the primary interview questions across all nine interviews.

Field notes were hand-written for each interview noting logistics and main points.

**Member check.** For each completed interview, we created a summary of the major themes, sent them to each participant, and requested feedback and changes. All nine participants replied to the member check with two sharing comments or corrections and the others noting that the summary represented their interviews. Two of three participants replied to follow-up, clarifying questions.

### Data Analysis

We analyzed data from the questionnaires and interviews separately and compared them to identify contributing factors. The questionnaire data were analyzed individually using descriptive statistics. The interview data were analyzed using constant comparative (Corbin & Strauss, 2008) and emergent coding (Patton, 2002). Initially, both authors read the transcripts and independently coded the interviews using open coding, with codes developed from the text as it was read (Glaser, 1992; Patton, 2002). We highlighted each thought and noted a code, which we defined as a phrase representing a concept or idea (Glaser, 1978). As codes were established, we created a code book with code names, definitions, and examples. If the data represented a previously coded idea, the initial code was used throughout the transcripts. After we coded the first transcript, we convened to discuss our individual coding and reached a consensus on any disagreements. Each subsequent transcript was coded in the same manner and the initial interviews were re-coded once the code book was finalized to ensure accuracy of assigned codes. After all the transcripts were coded, we reconvened to discuss emerging themes and subthemes among the codes. During the categorization process, we looked for saturation and patterns across the codes that directly related to the research questions (Given, 2008). The authors collaborated to create a code map by grouping

codes under emerging categories (Saldaña, 2013). As data were grouped into categories, we developed themes.

### **Reflexivity, Trustworthiness, and Credibility**

Both authors worked in the SPED field with histories of research and direct service to refugee and immigrant families. Their experiences assisted them in contextually situating the data and their biases. For example, both authors believe in the importance of empowering refugee families so they can be informed participants in their children's education. To reflect on their biases, both researchers discussed their experiences and beliefs throughout the study.

We also used a variety of modes to ensure validity and trustworthiness as we collected and analyzed our data, including triangulation, member checks, and disconfirming evidence (Creswell & Miller, 2000). We used multiple methods (i.e., transcripts, member checks, and field notes) and multiple researchers to triangulate the data (Brantlinger et al., 2005). We kept audit trails of interviews via field notes. After the interviews, each participant reviewed their interview summary (i.e., first level member check) to ensure that it represented their experiences and perspectives. Finally, an external reviewer conducted fidelity checks of the use of the interview protocol, which were implemented with 100% accuracy.

### **Findings**

All participants described different roles they played supporting refugee families of children with disabilities. The roles included serving as a liaison between home and school/community resources, helping families to support their children with a disability, and providing general assistance to refugee families.

#### ***The Connector: ECMs Serve as a Liaison Between Home and School/Community***

As a connector, ECMs acted as liaisons between families and schools and linked families to community resources. Within the connector theme, we identified three subthemes: (a) provide intensive supports to families or children with disabilities, (b) facilitate communication, and (c) connect families with community agencies or specific activities.

*Provide intensive supports for children with disabilities.* All of the ECMs shared how they provided intensive supports as a liaison between families and schools. ECMs described how working with families who had children with disabilities required extended time and effort. "It's more meetings. It's more coordination. It's finding a medically fragile daycare. It's more hands-on, I guess, and often times involves more time" (Haley). ECMs noted that they shared information

with schools prior to the family's arrival if a child had a medical diagnosis or was preidentified with a disability prior to resettlement. ECMs also transported families to the numerous medical appointments and educational meetings for their children with disabilities.

*Facilitate communication.* ECMs acted as liaisons to ease communication barriers between families and schools. Schools often asked ECMs to relay concerns about children's progress and obtain parents' consent to conduct an evaluation of their children. Stephanie shared her experience:

[the school] will call me or they'll call a medical person and just try and get the details, and then use us kind of as a liaison to try and go back to the family and speak with them about what's happening.

ECMs were also involved when families needed to stand up to schools when they were not delivering promised services to their children. Lauren shared the following:

[Parents] say, "I can't get my kid to the school." Then you have a conversation like, "Well, they're supposed to be getting the bus at this time." They're not doing that. Then you go and figure out, we talk to the school. We talk to the parents and figure that out.

*Connect families to community agencies and services.* ECMs provided examples of ways they connected families to agencies to increase support for their children or obtain services and information. For example, Adam helped prepare families who moved to another community by connecting them with agencies in their new location: "[I] provide resources if they're moving or if they have a resettlement agency, we connect them [there and to] any disability advocate . . . that can give them more help with their children."

ECMs also shared that given their limited time to support families, they often sought referrals to community agencies to help fill those gaps and provide services to families for longer periods of time. In addition, ECMs sought to connect families with specific activities, such as general education preschool programs to help support young children's needs. While ECMs worked to connect families to advocates, they also discussed connecting families to play therapists, schools, and health coordinators to help them get more specialized support.

#### ***The Helper: ECMs Provide Specific Supports to Families of Children With a Disability***

Each ECM shared how their typical roles changed when the children they worked with had a diagnosed or suspected disability. Two subthemes were found: (a) assist in the SPED process and (b) identify a child's disability.



*Assist in the SPED process.* ECMs helped refugee families navigate the SPED eligibility process by participating in school meetings and medical appointments. ECMs discussed how they tried to make sure they were active participants and could build their understanding of the process to later explain it to the families. For example, Stephanie shared how she provided individualized meetings with families based on their questions and level of understanding, “I attend all of [the Individualized Education Program and assessment meetings] so that we can go back to the parent’s home and make sure that they understand what just happened.” ECMs reminded parents of their rights and reasons for having the meeting. They also helped families during meetings by making sure they knew what the school needed or wanted from the parent and communicated that information to the family in a way that was understandable.

In addition to navigating the meetings with families, ECMs discussed how they worked with schools to ensure families were in a position to understand what was happening in meetings and with offered services. ECMs took on the role of helping schools distill what they were saying into terms that the family and interpreter could understand. For example, Amanda noted,

It’s really necessary for agency staff to be there because often that is some of the first interactions the school staff are having with a refugee family, and [the school] needs to be reminded, “Hey, you just spoke for five minutes. The interpreter cannot say what you just said. You have to go slower, like two sentences at a time.”

ECMs also noted how they provided information to schools to better prepare them for the refugee children with disabilities who would enroll in their programs. This included sharing information with the school prior to the child’s arrival based on the resettlement paperwork or passing medical information along to the schools to ensure timely receipt of information.

*Identify a child’s disability.* ECMs often were the first to notice delays in children if they were not previously identified in the biodata forms (resettlement documents listing known medical or disability-related histories). ECMs often became aware of a child’s disability from the biodata forms or when a parent disclosed the information during an intake evaluation. They mentioned how sensitive information was typically only divulged by families if the disability was visible (e.g., physical disability or sensory impairments). Some of the ECMs mentioned how the biodata forms and medical records did not always document the child’s disability. Janelle described her experience with a family where the disability was not documented: “I had [a child] who had a traumatic brain injury and the parents had some concerns, but there wasn’t really a clear diagnosis. The medical records from overseas were a little confusing.”

Most ECMs reported how they felt unqualified to diagnose a child even though they were most involved in ways that they could easily help identify a child’s needs. Other than identifying needs through biodata forms, ECMs reported ways that they monitored children for delays after their arrival. One participant shared how her program assessed children regularly to monitor progress and stay vigilant over any delays in development. Several ECMs stated that they observed the children in child care settings or tutoring sessions and compared their progress to their siblings or refugee peers. While some ECMs indicated how there were noticeable differences that clued them into children having potential disabilities, others said they had regular conversations with schools and parents to ensure they were not overlooking children who needed extra support.

Another ECM said her agency shifted its policy to have more regular follow-up with parents and schools. She noted that initially children were connected with schools and there was no follow-up, but they had a child who started to fail at school and was not identified for SPED, which encouraged them to change their policy so there was more follow-up and monitoring. In addition, ECMs noted how their involvement with families would be more supportive and intensive during the identification process, particularly with families who were newer to the United States. Reportedly, families who had lived in the United States longer just needed to know the telephone number of the agency or the person to contact to start the process. Notably, the intensive supports provided to families who have children with disabilities are but a fraction of the role ECMs have supporting refugee families who have children.

### *The All-Around Supporter: ECMs Provide General Assistance to Families*

ECMs primarily worked with families who had typically developing children. While each of the ECMs also worked with children with disabilities at some point in their careers, many stated that only a few of the children they engaged with had diagnosed disabilities during the time period they worked with their families. Lindsay, who worked primarily with children in kindergarten through 12th grade said, “I didn’t have a ton . . . [under 10 kids with diagnosed disabilities out of the 190 I worked with].” Almost all of the ECMs reported that their roles were specifically in place to work with K–12th grade children.

Many of the ECMs in this study also reported that they supported families for more than the average amount of time when compared with their colleagues in the agency (i.e., case managers who focused on securing housing and job placement for the adults in the home). ECMs hosted parent trainings, making them aware of community and

school supports. Many of the ECMs described how they coordinated tutoring programs for K–12th grade students or early childhood programs while parents completed English language classes. ECMs also took on the role of securing interpreters for school meetings and conversations. In addition to all of the support ECMs provided all families, they had to be knowledgeable about the school system and disabilities so they could inform parents when the need arose.

### *Assistance to Families to Understand SPED and Advocacy*

Two themes related to how ECMs assisted families to understand SPED and advocacy: (a) content shared with families and schools and (b) strategies used with families.

*Content ECMs shared with families and schools.* Every ECM approached educating families to the greatest extent of their knowledge on the topic and their own level of comfort in sharing information with families. Adam was the only participant who reported engaging in professional development that addressed special education. All of the other participants shared that their educational backgrounds and professional training were not related to special education, so they sought information through other sources (e.g., internet, parenting magazines, medical records, relationships within the resettlement agency, school, and community professionals). ECMs with more personal or work-related experience or training working with SPED programs reported the need to educate families about disability categories and/or accommodations (e.g., more time for test-taking for children with learning disabilities). We organized the content shared by ECMs with families under three subthemes: disability and SPED designations; SPED process; and parental rights.

*Disability and SPED designations.* One area that ECMs educated families was about disability characteristics and designations used in SPED programs in the United States. One participant explained how she helped families understand the difference between children who needed SPED and those who did not:

Sometimes we draw up pictures or just use some kind of visuals of trying to be able to separate out like what the differences are between kids who do not need special services and those who do, and what that looks like at school. (Stephanie)

In addition, ECMs shared how they disseminated information to families about disability symptoms, SPED services, and typical accommodations based on the child's disability, as well as general information about SPED services. For example, Adam said, "We talk about, step-by-step, the categories of disability in the classroom and then what disabilities look like, what services the child

may receive." Adam's experience diverged from that of other ECMs because of his professional development training in advocacy and disability and the depth in which he explained SPED to all refugee families. Most other ECMs described how they only discussed SPED services if there was a need (e.g., eligibility or concern). Some ECMs were uncomfortable identifying disabilities and approaching the families when there were concerns about the child. When an ECM shared her experience discussing disability concerns, she noted how families with younger children had a more difficult time and needed more explanation than families who had older children.

*Special education process.* ECMs felt a strong responsibility to discuss the SPED process with families. Most stated that refugee families did not know the SPED eligibility process. ECMs also noted that it was not unusual for some families to be misinformed or have misconceptions about services, causing them to fear service options such as special education.

I tell them that it's going to take a long time. That Americans are obsessed with paperwork and . . . we love policies and procedures . . . the ultimate goal [of the process] is to get their kid in the school. (Amanda)

The majority of the ECMs mentioned that the process for disability identification was lengthy, especially if the child did not arrive in the United States with a documented medical condition or diagnosed disability. To prepare families for the process, many shared a basic overview of what SPED was and how it could benefit the child. Adam, who had participated in advocacy training, embedded information about the Individuals with Disabilities Education Act (IDEA) into all of the parent trainings he conducted about school. Adam's training in advocacy and SPED differed from the others who reported no formal professional development or training about IDEA. Stacy, who reported less comfort discussing SPED with families, but had more experience in the role, shared how she discussed the basics with families:

[What I have explained to families] is there is programming that they can participate in . . . There are different specialists that come into the program and work with them. That they will be with staff who are trained and able to assist children and hopefully for them to have a pleasant experience in school.

ECMs also discussed how families would have support from schools and agencies throughout the child's school life, as needed. One ECM taught families to keep a copy of the Individualized Education Program (IEP) document so they could show it to the next school if they moved, while another had the agency keep a copy on file for 5 years just in case the family lost their copy.

Most ECMs stated that while parents had the capacity to understand, they felt a need to hold additional meetings with families to discuss the process, answer questions, and provide additional details. Erin found it best to have multiple conversations with families and simplify information, almost in a bulleted format. Many ECMs also ensured that they explained the process of being evaluated for SPED as something that was beneficial for the child. One participant reframed the experience for the family by stating that the school wanted more information so they could help the child learn in the best possible way.

**Parental rights.** Another essential content area ECMs discussed with families was their rights related to their children's access to school and SPED services. For example, all ECMs emphasized that families needed to know their rights to an interpreter and to have documents translated into their native language. Lindsay approached teaching families about their rights by informing them of possible accommodations based on the child's designation.

It was also important for ECMs to make sure that families knew to ask someone to serve as an advocate during IEP and other SPED-related meetings. In addition, some taught families about the importance of the word *signature* on forms to ensure they fully understood what they were signing. Finally, ECMs taught families to exercise their right to say "no,"

You can say "no" to certain services . . . [i.e., IEP]. You can say "no" to that. You can say, "No, my child has this special need, and you're not addressing it, and they're not doing homework and you're not addressing it." (Erin)

**Strategies ECMs used with families.** ECMs shared information with families to help them understand the nuances of SPED and education in the United States using their own understanding of the families' cultures and experiences. ECMs described specific behaviors they taught families to develop their knowledge related to advocacy and how ECMs used their knowledge of the community and families' cultures to tailor how and what they shared were included under this theme.

**Use of community knowledge.** The intersections among the cultural knowledge of ECMs, parent's and children's experiences prior to resettlement, and community resources contributed to how they approached conversations about disability and special education. Several participants used their knowledge about the stigma and shame that disability carried within families' communities to teach others about disability and services. This knowledge led ECMs to suggest alternatives to school-based SPED placements (e.g., services through community agencies, religious groups, and tutoring) to parents. Some ECMs noted that accessing these

supports gave them a level of comfort knowing that the children were getting some form of help even if not through special education.

ECMs also described how their understanding of the family's experiences prior to entering the United States contributed to how they approached specific situations with families. For example, some ECMs discussed that a number of refugee families were considered preliterate in their native languages and arrived in the United States with limited exposure to educational systems either as a student and/or as a parent of a child with a disability. ECMs also worked to dilute cultural perceptions about educating children of certain genders or with disabilities to inform parents that "students with special needs . . . should all go to school . . . . The school should meet their needs . . . even if those needs are different from the majority of the student body" (Janelle).

ECMs also helped families gain access and knowledge by utilizing their knowledge of the family's social networks. They increased their community connections with organizations such as local health agencies, which helped supplement families' knowledge about disability to facilitate their access to services within a relatively shorter amount of time.

**Communication advocacy.** ECMs noted informal modes of transferring knowledge to refugee families (e.g., modeling and showing disagreement in school meetings). For ECMs and their agencies, teaching families to advocate was one of their most important responsibilities:

One of our biggest goals with our agency is to really help them become independent. Really in everything we do, we don't do everything for them, but really are helping kind of walk alongside them . . . we want them to be independent and to be able to advocate on their own and part of that is through showing them what that means. (Erin)

Thus, almost every ECM in this study discussed the need to teach families to advocate for their children at school. They educated them on how and where to take their complaints. Many shared that they modeled to parents how to have conversations, ask questions, and voice their opinions with the school staff. Some ECMs provided parents specific phrases to use when advocating for their rights to services with the school (e.g., timelines for assessments). Others shared how they taught parents about their right to interpretation, with some going further and teaching them the steps to secure interpretation services themselves.

## Discussion

The purpose of this study was to examine the experiences of ECMs employed at refugee resettlement agencies as they

support refugee families with children with disabilities and help them understand SPED services and advocacy. The nine ECMs who participated in the study discussed the intense support they provided families with children with disabilities. While the services they provided families often included attending SPED meetings with families, their roles advocating for families and providing more information about SPED services were tempered by their own knowledge of services, the law, and disabilities.

### *ECMs' Roles Supporting Families With a Child With a Disability*

The ECMs in this study supported families through activities ranging from attending meetings to identifying disabilities and monitoring children's learning. The participants relied on their experiences working with families or connections with school professionals to navigate the system instead of formal education. Burke, Patton, and Lee (2016) highlighted families' need to have SPED knowledge so their children receive services that are appropriate. Some in SPED report similar findings related to non-SPED professionals' limited knowledge of SPED impacting their confidence and abilities to assist children with disabilities and their families (e.g., Corr et al., 2019). Often, ECMs described how they sought information in response to a family's needs instead of prior to an identified need.

ECMs noted that they relied upon their local schools to follow the law, which mirrored interviews with parents of children with disabilities who shared how they trusted educational professionals until they encountered difficulty (Angell et al., 2009). Yet, researchers noted that children of color are more likely to be placed in less inclusive environments and that teachers struggle to balance IDEA compliance pertaining to inclusivity with school resources (Ford & Russo, 2016). Thus, it is disconcerting that refugee families and ECMs might be too trusting in the law to provide equitable access, identification, and services to families who are unaware of the extent of their rights (Haines et al., 2018). With ECMs having limited experience with special education, yet providing support to refugee families, it is imperative that they are adequately informed so they are to advocate on the families' behalf.

### *ECMs' Roles Teaching Parents to Advocate*

Many ECMs noted that advocating for families and teaching them advocacy skills was the crux of their work. This is an interesting and new finding as it was never clear in the literature exactly from whom and where refugee families learn to advocate for their children with disabilities. Researchers reported that parents accessed SPED and resources from informal supports (Chu, 2014). Furthermore,

Hurley and colleagues (2014) noted SPED teachers reported that refugee parents were unprepared to support their children's needs. In our study, ECMs described the informal ways that they demonstrated skills for parents or discussed disability or special education but expressed concerns about the inefficiency of this model.

One way to mitigate the incongruity between parents' and ECMs' knowledge about SPED law would be through formal training about the law. Researchers noted how parents and professionals who participated in structured trainings increased their perceptions of their abilities to advocate for their children (Banache et al., 2010; Burke, Goldman, et al. 2016). Numerous ECMs also mentioned how their educational backgrounds in human rights and social work prepared them to help families develop advocacy skills, further supporting the added value in training them to become advocates for refugee families of children with disabilities.

### *Limitations and Implications*

With any study about refugees where the focus is on professionals, one limitation is the missing voice of refugee families. ECMs' experiences are limited by their own roles as liaisons between refugee families and schools. The small sample size pertaining to individuals in a specific role within resettlement agencies is another limitation of perspectives. Not every resettlement agency focuses on education; thus, the number of ECMs is not equally available across agencies. While participants were represented from a variety of locations across the United States, there were some refugee resettlement and placement agencies that were not represented in this study. The use of some phone interviews is another possible limitation that could have influenced participants' engagement with the questions.

### *Implications for Research and Practice*

Findings from this study highlight the need for further research on the experiences of refugee families in special education. Our study highlighted ECMs' advocacy role while also showing how they were unaware of the SPED process until after they experienced it with families. This warrants further research on training ECMs and other resettlement staff who support families about SPED law and disability to examine the impact on their knowledge, assistance to families during the eligibility process, and the information they disseminate on families' abilities to acquire knowledge.

Our study also highlights the need for schools and agencies, such as parent centers and resettlement agencies, to continue to develop and provide effective trainings for families about their parental rights. Particularly, training cultural liaisons and refugee families who may be more apt to advocate (e.g., Middle Eastern families), on the law and



SPED process can help agencies increase their reach and effectiveness in assisting and advocating for families (Hurley et al., 2011). Community partners should also consider ways to systematically screen and monitor the development of refugee children. Finally, schools should partner with resettlement agencies and refugee families to share information about the cultures and experiences of families as newcomers and refugees (Teemant et al., 2021).

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